**UNITED STATES TRUSTEE PROGRAM**

**CHAPTER 12 STANDING TRUSTEE PERFORMANCE REVIEW**

**Name of Trustee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Region/Judicial District(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Original Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Performance Review Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERFORMANCE REVIEW CRITERIA**

 **Performance Review Case Statistics**

 **Legal:**

 **Civil Enforcement**

 **Criminal Referrals**

 **§ 341 Meetings and Confirmation Issues**

 **Court Appearances and Pleadings**

 **Financial:**

 **Annual Budgets and Amended Budgets**

 **Monthly Reports**

 **Banking**

 **Annual Reports**

 **Independent Audits**

 **Professional Conduct of Trustee**

 **Cooperation with the United States Trustee**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date Standing Trustee Coordinator**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date Assistant U.S. Trustee (or Trial Attorney)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date United States Trustee**

**PERFORMANCE REVIEW CASE STATISTICS**

**ON CASES DURING EVALUATION PERIOD**

|  |  |  |
| --- | --- | --- |
|  | 3/1/\_\_ to 2/28/\_\_ | 3/1/\_\_ to 2/28/\_\_ |
| Total Cases Beginning Period |  |  |
| Total Cases Filed During Period |  |  |
| Total Cases Closed During Period |  |  |
| Total Cases at End of Period |  |  |
| Total Cases Greater than 65Months |  |  |
| Number Full Time Equivalent Employees (FTEs) |  |  |
| Number Cases Per FTE |  |  |

**LEGAL**

**1. Civil Enforcement**

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Review Criteria** | **Yes** | **No** | **N/A** |
| a. Reports to the UST on potential abuse by bankruptcy petition preparers including the unauthorized practice of law and violations of 11 U.S.C. § 110. |  |  |  |
| b. Reports to the UST on potential abuse by creditors, including abuses by mortgage servicers. |  |  |  |
| c. Reports to the UST on serial filers. |  |  |  |
| d. Reports problems with debtor identification (e.g. false SSN’s) to the UST.  |  |  |  |
| e. Files objections to excessive or improper attorney fees. |  |  |  |

 **If any element is no or N/A, please explain:**

 **Comments**:

**2. Criminal Referrals**

 During the reporting period the trustee made \_\_\_\_\_\_ criminal referrals.

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Review Criteria** | **Yes** | **No** | **N/A** |
| Complies with criminal referral procedures described in the Handbook for Chapter 12 Standing Trustees. |  |  |  |

 **If element is no or N/A, please explain:**

 **Comments**:

**3.** **§ 341 Meetings and Confirmation Issues**

The UST reviewed the recordings of § 341 meetings and/or attended § 341 meetings on the following dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |
| --- | --- | --- |
| **Performance Review Criteria** | **Yes** | **No** |
| a. § 341 meetings held no fewer than 21 and no more than 35 days (60 days in remote locations) after the order for relief. |  |  |
| b. Debtor placed under oath individually. |  |  |
| c. Debtor identification reviewed.  |  |  |
| d. Trustee prepared for § 341 meetings. |  |  |
| e. Tax returns reviewed and returned. |  |  |
| f. Asked all required questions found in the Handbook appendices.  |  |  |
| g. Firm dates set for the submission of other documents.  |  |  |
| h. Terms of the plan including required monthly payment discussed with debtor. |  |  |
| i. Appropriate number of cases scheduled within the time period. |  |  |

 **If any element is no, please explain:**

 **Comments:**

**4. Court Appearances and Pleadings**

The UST attended the trustee’s court hearings on \_\_\_\_\_\_\_\_\_\_\_ and reviewed a sample of pleadings.

|  |  |  |
| --- | --- | --- |
| **Performance Review Criteria** | **Yes** | **No** |
| a. Trustee or trustee’s attorney was prepared for hearings. |  |  |
| b. Courtroom demeanor appropriate. |  |  |
| c. Pleadings filed are legally sufficient and appropriately define the issues before the court. |  |  |

 **If any element is no, please explain:**

 **Comments**:

**FINANCIAL**

1. **Annual Budgets and Amended Budgets**

|  |  |  |
| --- | --- | --- |
| **Performance Review Criteria** | **Yes** | **No** |
| a. Annual budgets submitted by May 1.  |  |  |
| b. Submits budgets that are accurate. |  |  |
| c. Budget packages complete.  |  |  |
| d. Compliant with benefits and current compensation guidelines. |  |  |
| e. Non-UST training expenditures comply with the Handbook. |  |  |
| f. Justification for major expenditures. |  |  |
| g. No recurring budget issues. |  |  |
| h. Expenditures are authorized in advance. |  |  |

 **If any element is no, please explain**:

 **Comments**:

**2. Monthly Reports**

|  |  |  |
| --- | --- | --- |
| **Performance Review Criteria** | **Yes** | **No** |
| a. Submitted within 30 days after end of month.  |  |  |
| b. Complete and accurate. |  |  |
| c. Bank reconciliations provided. |  |  |
| d. Trustee responsive to significant variances in income and expenses. |  |  |
| e. Monitors bond coverage. |  |  |

 **If any element is no, please explain:**

 **Comments**:

**3. Banking**

|  |  |  |
| --- | --- | --- |
| **Performance Review Criteria** | **Yes** | **No** |
| a. Funds deposited in approved bank.  |   |  |
| b. Trust funds held in positive-pay accounts. |  |  |
| c. Individual debtor accounts within FDIC insurance limit.  |  |  |
| d. UST and bank are notified when individual debtor accounts exceed the FDIC insurance limit. |  |  |

 **If any element is no, please explain**:

 **Comments**:

**4. Annual Reports**

|  |  |  |
| --- | --- | --- |
| **Performance Review Criteria** | **Yes** | **No** |
| a. Filed within 45 days of end of reporting period. |  |   |
| b. Accurately calculated. |  |  |
| c. Corrections made promptly. |  |  |
| d. Operating reserve within guidelines.  |  |  |
| e. Actual expenses are within approved budget. |  |  |
| f. All erroneous disbursements recovered. |  |  |

 **If any element is no, please explain:**

 **Comments**:

5. **Independent Audits**

|  |  |  |
| --- | --- | --- |
| **Performance Review Criteria** | **Yes** | **No** |
| a. Received unqualified opinions. |  |  |
| b. Internal control issues. |  |  |
| c. Material weaknesses. |  |  |
| d. Recurring findings.  |  |  |
| e. Action taken to correct deficiencies. |  |  |
| f. Timely responses from trustee.  |  |  |

 **If element (a), (e), or (f) is no, please explain:**

 **If element (b), (c), or (d) is yes, please explain:**

 **Comments**:

**PROFESSIONAL CONDUCT OF TRUSTEE**

|  |  |  |
| --- | --- | --- |
| **Performance Review Criteria** | **Yes** | **No** |
| a. Complaints by the public against the trustee.  |  |  |
| b. Litigation by the public against the trustee. |  |  |
| c. Grievances or litigation filed by employees against trustee. |  |  |
| d. Responsive to debtors, creditors, attorneys and the court. |  |  |

**If element (a), (b), or (c) is yes, please explain**:

 **If element (d) is no, please explain**:

**Comments:**

**COOPERATION WITH THE UNITED STATES TRUSTEE**

|  |  |  |
| --- | --- | --- |
| **Performance Review Criteria** | **Yes** | **No** |
| a. Responds timely and appropriately to the UST’s requests. |  |  |
| b. Attends UST training. |  |  |

 **If any element is no, please explain:**

 **Comments**:

**OTHER ITEMS OF INTEREST** (Example: UST conducted a management review)